U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official No. 1000
	( NUG 1 O 2005 )
E	PAS DEUT

1. File Number U - 48/8

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.			Name, file number, and address of labor organization.			
Name Tom	Barker	Name	Ironworker	s Local 89		
		Labor	Organization File	Number 005-966		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any			
Street 3321 O Ave NW		Street	5000 J St.	SW		
City Cedar Rapids		City	Cedar Rapid	ls	$\mathcal{F} = \frac{\mathbf{d}}{\mathbf{d}} + \mathbf{v}_{i}$	
State Iowa	ZIP Code + 4 52404	State	Iowa	ZIP	Code + 4 52404 - 4915	
5. Position in labor organization.	Executive Board		e fræ e e e Se er er eg.	in the second of		
Enter appropriate data belov	v If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or min usions set i	or child directly of forth in the instruc	r indirectly had any of the f tions):	following interests	
A. Held an interest in, engage monetary value from an emp	ed in transactions (including loans) with, or loyer whose employees your organizat	derived in	sents or is active	conomic benefit of ely seeking to represent.		
Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.			
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street		7.b. Amo	ount.			
City					\$0	
State	ZIP Code + 4		98. ( 14. )	Some Sections		
	ha graka ayan san	nature	Sound and the	tips south of the second		
submitted in this report (includ	n. The undersigned declares, under penalty of ing the information contained in any accompan- belief, true, correct, and complete. (See the se	Perjury an	ents), has been ex	camined by the signatory a		
Signed	-51	On	7/6/2005	<i>521.9</i> 319- <del>363-3514</del>	474	
		-	Date	Teleph	one Number	
Form LM-30 (2003)	<del></del>				Page 1 of 2	

Name of Person Filing Tom Barker	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City State ZIP Code + 4					
State 21F COURT 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. \$0				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name	 				
Trade Name, if any:	i				
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$0				